STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333-0135

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STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seg.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME: _	JON HINCK	 Please check the appropriate box and fill in the District number.
MAILING ADDRESS: _ CITY: _	142 PINE ST. PORTLYND	 Member of the Senate, District
ZIP CODE: _	04102	
PHONE NUMBER: _	450 - 0003	 Member of the House, District

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- 4. Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS STATEMENT FOR TOUR FILES.

Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

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PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

A 4.4	Principal Type of Economic Activity of Employer
Name of Employer Address	Activity of Early (1)
1. Notural Resources Council of ME 3 wale St. Adjusta	Churonmental advocacy
2	
3	
J	
PART II. INCOME DERIVED FROM SELF-EMPLOYMENT. (For Legis A. Enter the name and address of your business, if any, and list the major area income. If associated with a partnership, firm, professional association, or economic activity of that entity.	s of economic activity from which you derived
Name and Address Of Business Entity Of Business Entity Of Company And Company	Major Areas of Economic Activity (partnership, association or similar business entity)
1. Lewis Soul & Assocs 183 Middle St. \$200 And law grache	e of county to the
2	
3.	
B. Name each source of income derived from self-employment that represents \$1,000, whichever is greater, and specify the principal type of economic ac derived such income. If this form of disclosure is prohibited by law, rule, a specify only the principal type of economic activity of the entity or person Name of Source Address	ctivity of the entity or person from whom you or an established code of professional ethics,
1.	
At the second se	
2	rneys-at-law only.) List your major areas of
2. PART III. MAJOR AREAS OF PRACTICE. (For Legislators who are atto practice. If associated with a law firm, list the major areas of practice of your firm.) Name and Address of Firm Major Areas of Practice (self)	meys-at-law only.) List your major areas of m. Major Areas of Practice (firm)
2. PART III. MAJOR AREAS OF PRACTICE. (For Legislators who are atto practice. If associated with a law firm, list the major areas of practice of your firm.) Name and Address of Firm Major Areas of Practice (self)	m. Major Areas of Practice
2. PART III. MAJOR AREAS OF PRACTICE. (For Legislators who are atto practice. If associated with a law firm, list the major areas of practice of your firm.) Name and Address of Firm Major Areas of Practice	m. Major Areas of Practice

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	<u>Address</u>	Kind of Income
None	·	
-		·
RT V. DISCLOSURE OF RI 000 or more that you received dur list loans from a relative. If none	ring the reporting period, and list the major	e names of creditors for any unsecured loans or areas of economic activity of each creditor. I
		Principal Type of Economic
Name of Creditor	Address of Creditor	Activity of Creditor
No me		
		sh sift of more than \$300. Include rifts with
IRT VI. DISCLOSURE OF G	GIFTS. Name the specific source of each	
aRT VI. DISCLOSURE OF G gregate value of more than \$300 f	GIFTS. Name the specific source of each from a single source. If none, so state. 3	ch gift of more than \$300. Include gifts with
RT VI. DISCLOSURE OF Gregate value of more than \$300 f	GIFTS. Name the specific source of each from a single source. If none, so state. 3	honoraria accepted for appearances or speed
RT VI. DISCLOSURE OF Gregate value of more than \$300 f	GIFTS. Name the specific source of each from a single source. If none, so state. 3	honoraria accepted for appearances or speed
RT VI. DISCLOSURE OF Gregate value of more than \$300 f	FIFTS. Name the specific source of each from a single source. If none, so state. 3	honoraria accepted for appearances or speec
ART VI. DISCLOSURE OF Gregate value of more than \$300 ft None ART VII. DISCLOSURE OF ated to your official duties. If nor the state of the state o	HONORARIA. List the source of any ne, so state. 3. 4. HONORARIA. List the source of any ne, so state. 3. 4. ON BEFORE STATE AGENCIES. Ide or compensation of any amount. If none, so	honoraria accepted for appearances or speed
ART VI. DISCLOSURE OF Gregate value of more than \$300 f None ART VII. DISCLOSURE OF ated to your official duties. If nor the second of the s	HONORARIA. List the source of any ne, so state. 3. 4. HONORARIA. List the source of any ne, so state. 3. 4. ON BEFORE STATE AGENCIES. Ide or compensation of any amount. If none, so	honoraria accepted for appearances or speech

PART IX. BUSINESS WITH STATE AGEN your immediate family sold goods or services with	CIES. Identify each executive branch agency to which you or a member of the avalue in excess of \$1,000 during the reporting period. If none, so state.
'	2
PART X. INCOME RECEIVED BY MEMB	
List the type of economic activity representing exchild(ren) during the reporting period and the kin income received by spouse and (D) beside source	ach source of income of \$1,000 or more received by your spouse or dependent and of income represented. Do not include gifts. Indicate (S) beside sources of es of income received by dependent(s).
Type of Economic Activity Representing Each Source of	Kind of Income
Income Received	2 C. Cl. St. P. Landi C
1. Law Practice	Protest Shaving at Law year the ship is
2.	Profit Shaving of Law Partnership (s
3	
4	
****	******************************
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appears that a Legislator has willfully to Attorney General. If the Commission of statement or has willfully filed a false s interest on every question and shall be branch of the Legislature, and shall no	nt shall be a Class E crime. If the Commission concludes that it filed a false statement, it shall refer its findings of fact to the determines that a Legislator has willfully failed to file a required tatement, the Legislator shall be presumed to have a conflict of precluded from voting on any question in committee or in either t attempt to influence the outcome of any question. A Legislator tement is subject to a civil penalty not to exceed \$1,000, payable to on. (1 M.R.S.A. § 1019)
Signature	//23/0 7 -